

Immunization
Quality
Improvement
Workshop Panel



- Hope Health
- Carolina Pediatrics
- Eastern Carolina Pediatric Associates
- Rock Hill Pediatrics
- Palmetto Pediatrics & Adolescent
- Coastal Pediatric Associates
- for Pediatric Medicine
- Children's Clinic
- Tidelands Pediatrics
- Children's Hospital Outpatient Center
- AnMed Health Children's Healthcare Center
- QTIP and DHEC

Develop strategies to improve immunization rates with the children you serve in your practice.

Discuss ways to address vaccine hesitancy and increase vaccine confidence in parents.

Children missed routine vaccines during the pandemic. It is important for providers to help them get caught up so communities are as protected as they can be.

Why is this important?

Vaccines for Children
Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2018 will:

- prevent **419 million** illnesses (2.6 million hospitalizations)  more than the current population of the entire U.S.A.
- help avoid **936,000** deaths  greater than the population of Seattle, WA
- save nearly **\$1.9 trillion** in total societal costs (that includes \$466 billion in direct costs)  more than \$5,000 for each American

 U.S. Department of Health and Human Services
Center for Disease Control and Prevention

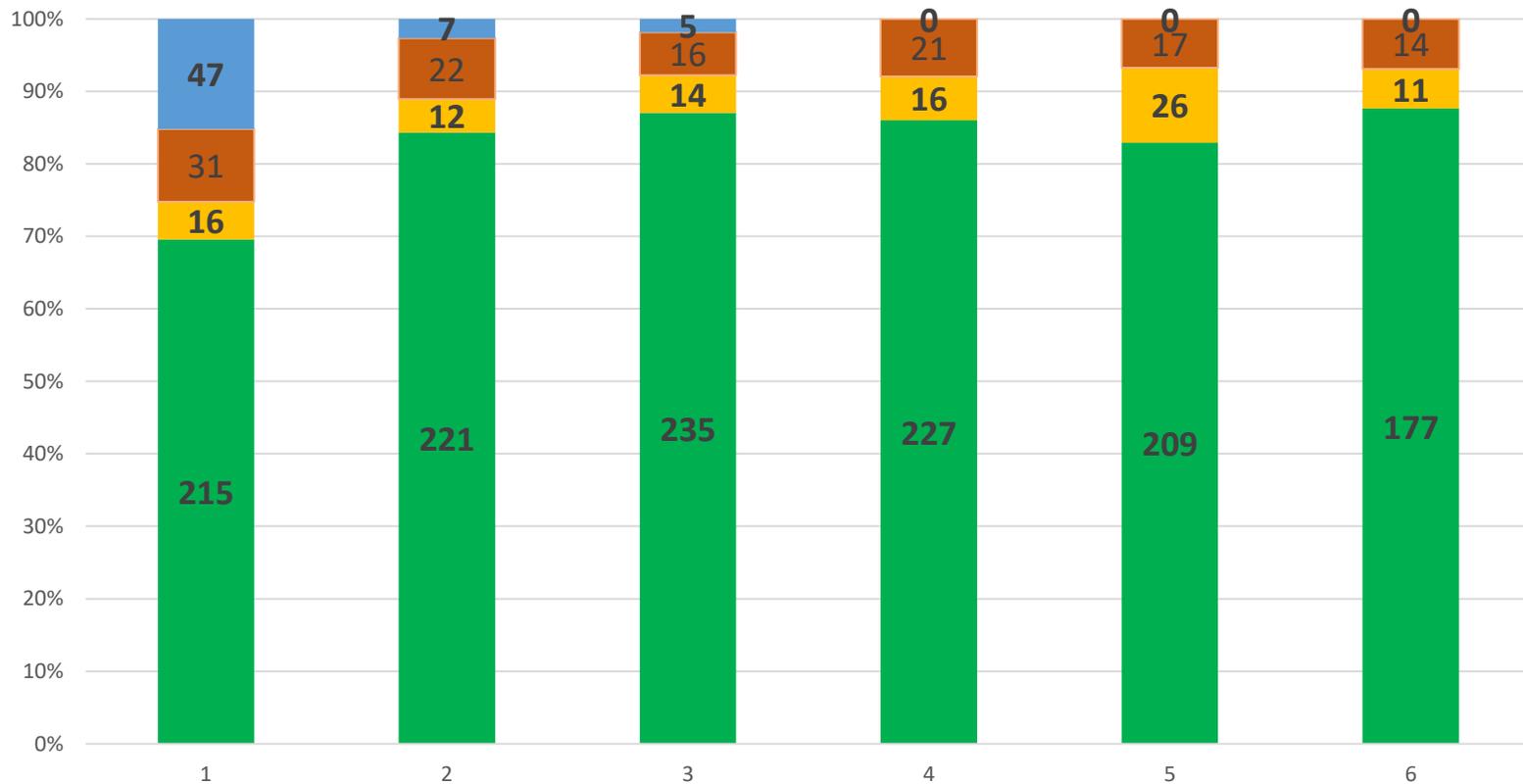
www.cdc.gov/features/vfcprogram

Our Goal:

To provide providers with information and tools to increase immunization rates

Immunization Data from QIDA, 6 – 24 mo.

Immunizations 6m - 24m



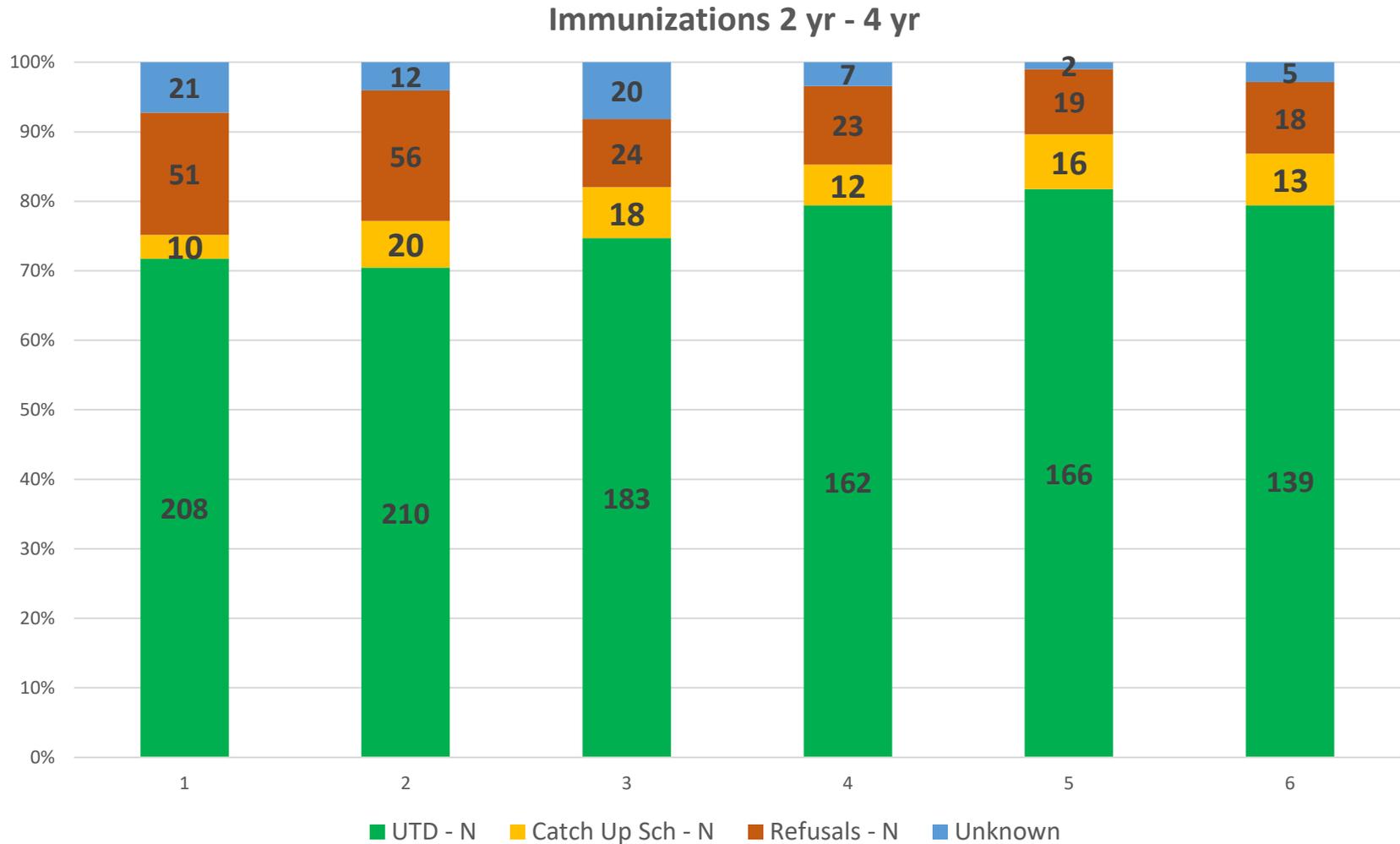
Key: ■ UTD - N ■ Catch Up Sch - N ■ Refusals - N ■ Unknown

UTD= Up to date

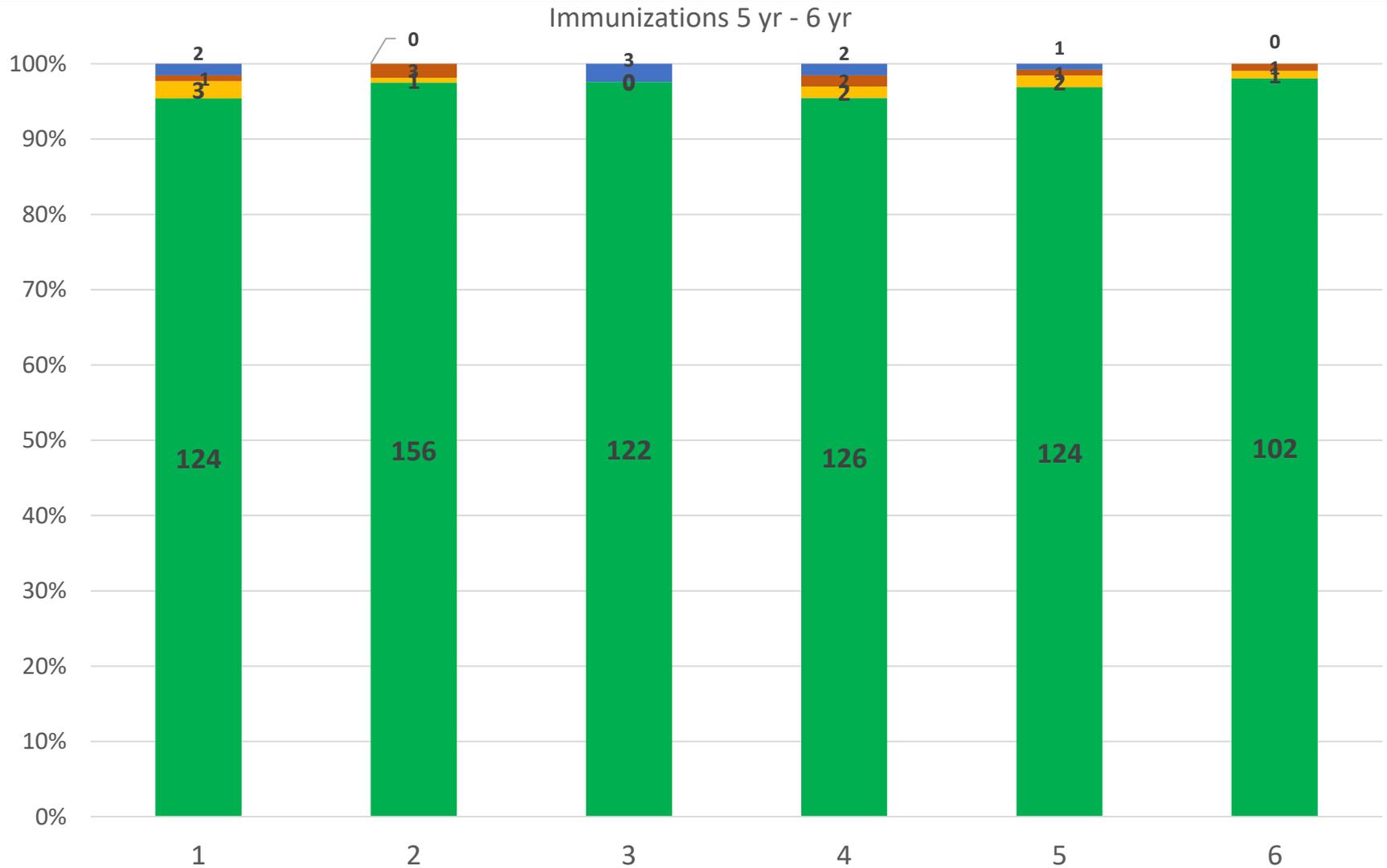
N= Numerator

Catch UP Sch= Catch-up schedule

Immunization Data from QIDA, 2 – 4 yr.

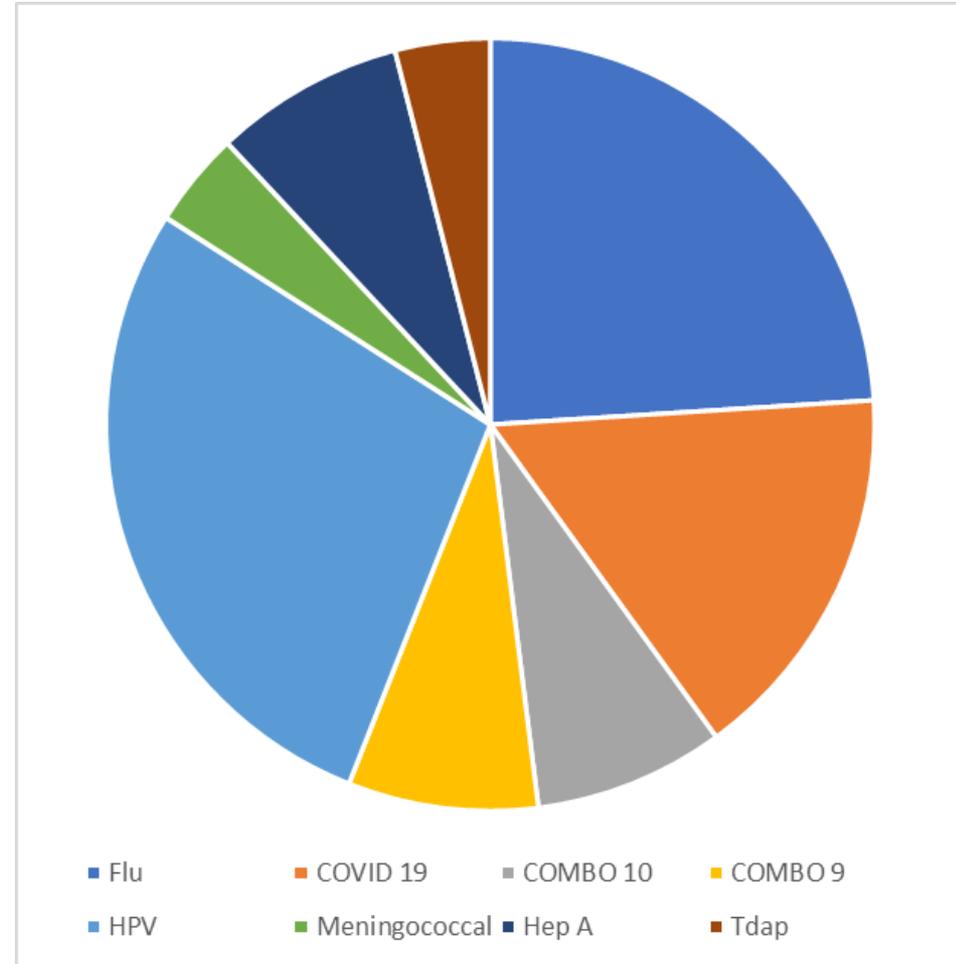


Immunization Data from QIDA, 5- 6 yr.

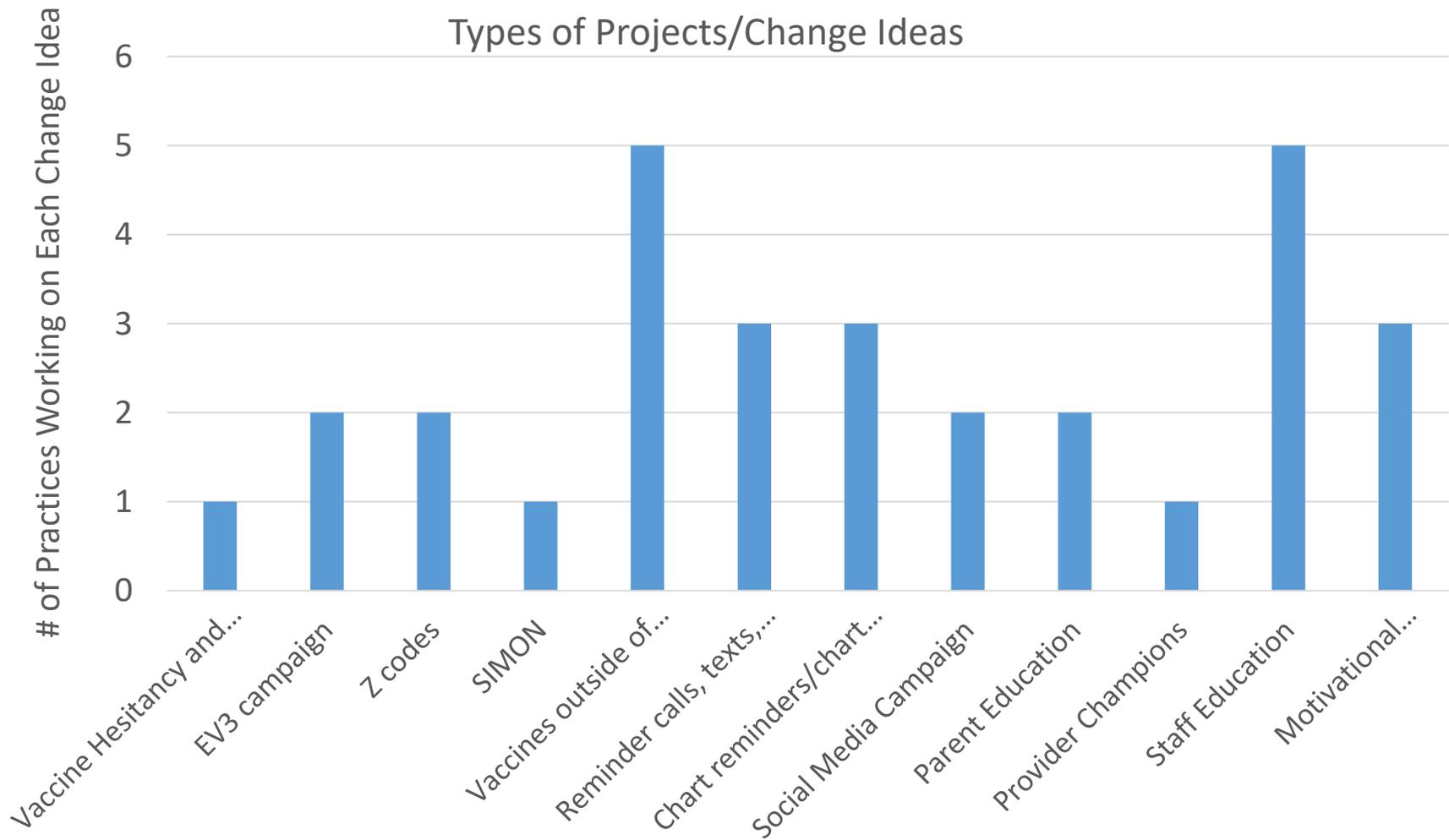


Vaccine Focus

Number of Participating Practices	11
▪ Flu	6
▪ COVID 19	4
▪ COMBO 10	2
▪ COMBO 9	2
▪ HPV	7
▪ Meningococcal	1
▪ Hep A	2
▪ Tdap	1



Types of Projects/Change Ideas



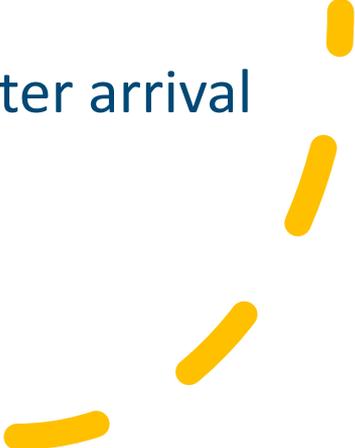
HOPEHEALTH PEDIATRICS

- Immunization Workshop
 - Focus: Combo 10 and Influenza
 - Flu Campaign
 - Calls
 - BOO the Flu!
 - Z codes
 - EV3
 - HH FB page content



Carolina Pediatrics

Dr. Nazia Jones

- Last year, Combo 10 vaccination rate was at 43%
 - This year's aim - 60%
 - Ordered Flu vaccine bookmarks which educates parents on the Flu, hand washing and to avoid face touching
 - Planned EMR automatic reminders and reminder phone calls, texts, emails
 - Flu vax during sick/well/ADHD appointments
 - Baseline data would begin after arrival of VFC
- 

FIGHT THE FLU

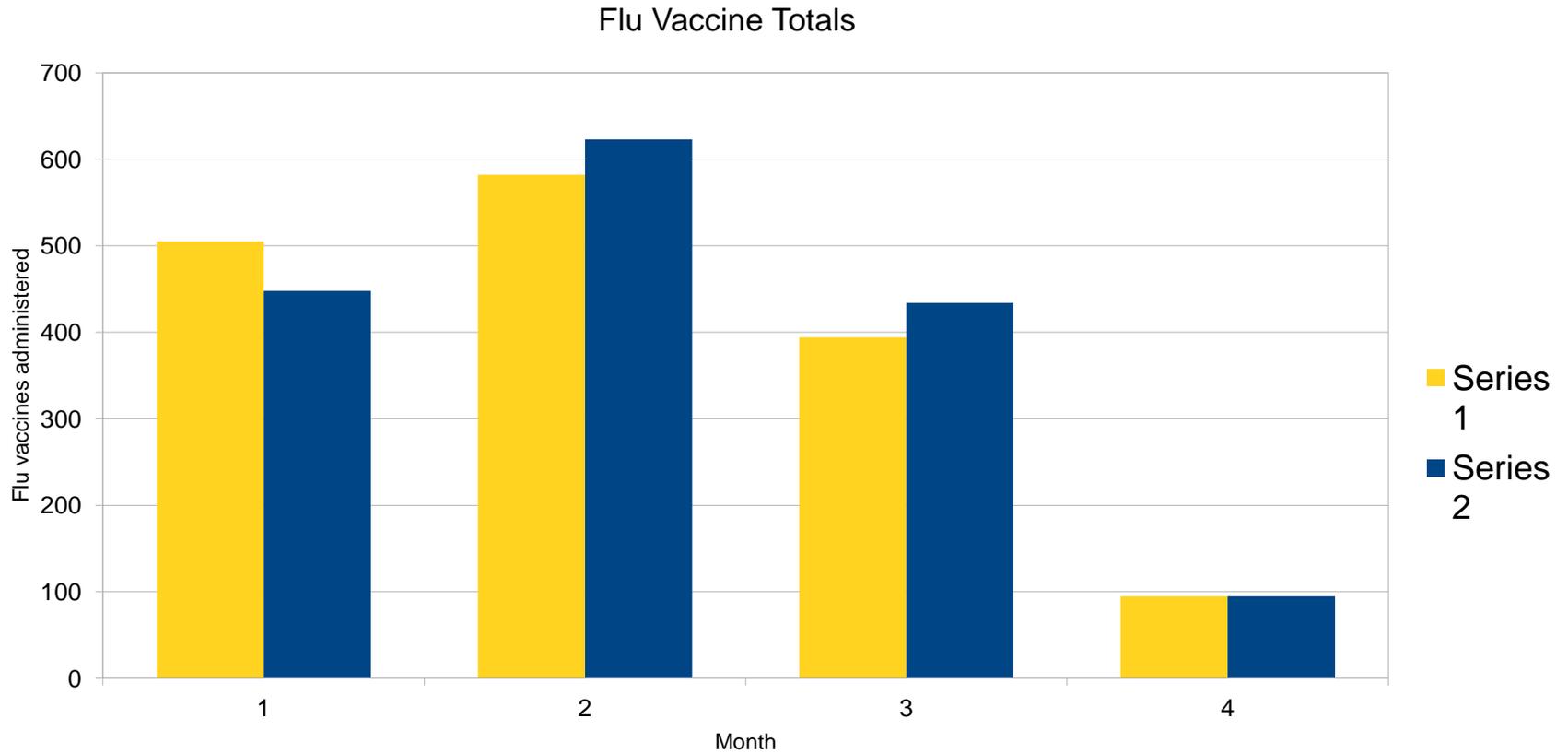


Call and
schedule
today

Flu 2023

- Flu numbers improved overall (1.5%), more in the Downtown location (11%)
- Reminded families if child already had Flu A, patient could still get Flu vaccine to protect against Flu B
- Some families were open to getting the Flu mist
- Flu reminders continued through the portal
- Helped when families heard message from more than one provider
- Some changed mind after hearing several times

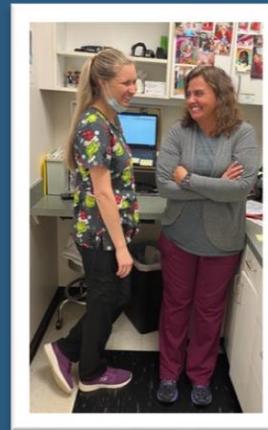
Carolina Pediatrics





EASTERN CAROLINA PEDIATRIC ASSOCIATES

QTIP Immunization Workshop Project



Goal : To use every visit as a vaccine visit
9/21/2022 thru 12/01/2022

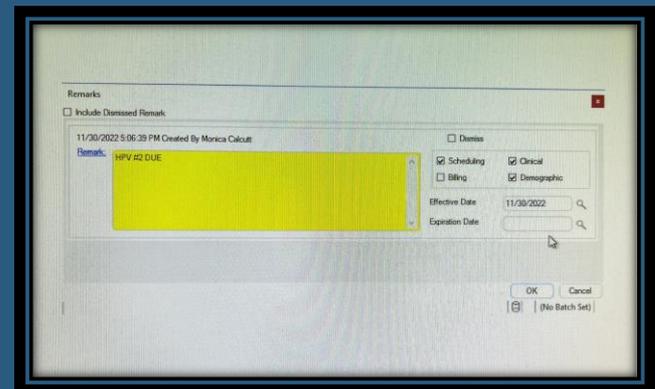
Previously, Eastern Carolina only offered vaccines at well-child visits.

PLAN

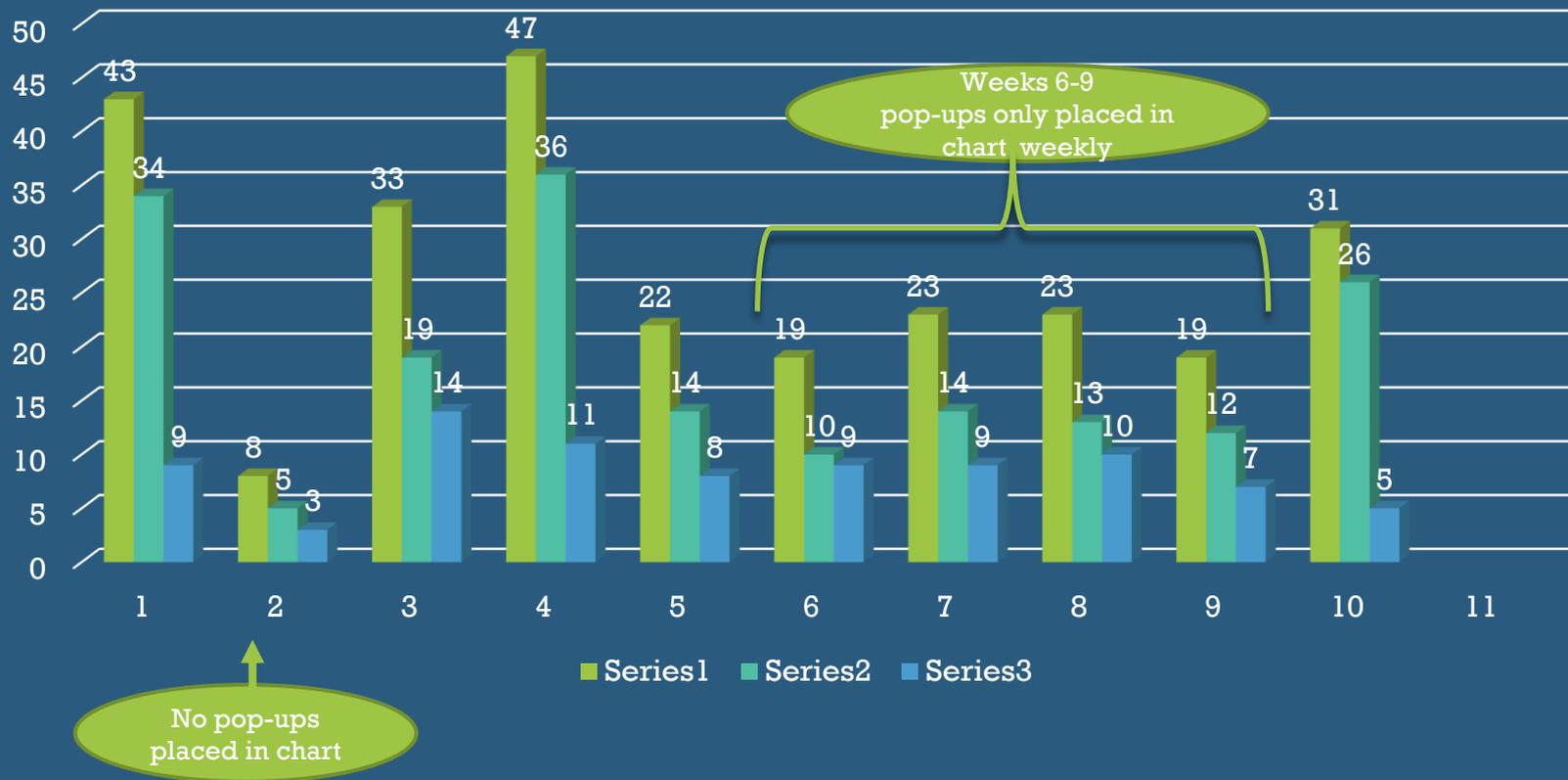
FOCUS ON HPV AND HEP A
VACCINES

1. STAFF EDUCATION

2. TO MAKE EVERY VISIT A
VACCINE VISIT



PATIENTS THAT RECEIVED A HEP A OR HPV AT A SICK / NON-WELL CHILD VISIT



RESULTS

FROM 9/21/2022 – 12/01/2022

TOTAL HEP A GIVEN- 324

TOTAL GIVEN NON WELL OR SICK VISITS- 178 (55%)

TOTAL HPV GIVEN- 191

TOTAL GIVEN AT NON WELL OR SICK VISITS- 85 (44.5%)



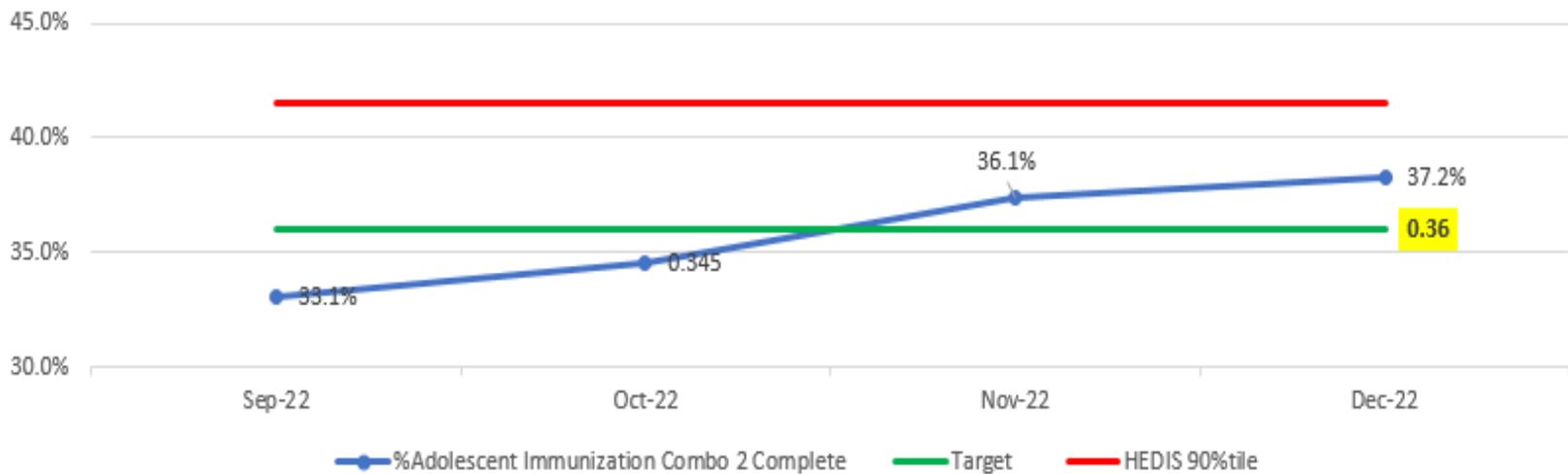
Rock Hill Peds QTIP Immunization Project

Goal

- ▶ Increase completion rate of HPV vaccine by age 13 (adapted our goal to 5% increase)
- ▶ Baseline: 34.5%
- ▶ Goal: 36.2%

- ▶ Process:
 - ▶ **Reconcile vaccines at every well visit 11 and up**
 - ▶ Identify gaps and either give vaccine at that visit, schedule nurse visit, or schedule WCC if due
 - ▶ Expanded to include Combo 10 (separate project) with focus on children 2 and under

Rock Hill Pediatrics-QTIP Immunization Project Adolescent Immunization Status Combo 2 (1 Tdap, 1 Mening & HPV series complete by age 13)



Lessons Learned

- ▶ Starting with one clear goal made it easier to implement the process
- ▶ Expanding to universal process improves consistency and reduces misses
- ▶ Staff buy-in
- ▶ Still working on this not being too much of an extra task
- ▶ Still working on process for scheduling nurse visit/WCC

Palmetto Pediatric and Adolescent Clinic

- Same-day sick visits based on availability
- This location is open Saturday and Sunday mornings for emergency sick visits
- Care Coordinators for children with special needs
- On-site rapid labs including rapid COVID tests





facebook.



Instagram

Goal

To utilize our social media presence (Facebook and Instagram) to improve awareness of the importance of vaccines among our families and others.



Methods

- 1. Searched for the best resources to utilize for awareness and education about all childhood and adolescent vaccines.
- 2. Compiled a list of the best resources so that I could easily access information to post regularly.
- 3. Began posting information about vaccines in general as well as specific vaccines 2-3 times weekly.
- 4. Will continue to post vaccine awareness information and will also continue to search for new resources.

Resources most frequently used:

- 1. [healthychildren.org](https://www.healthychildren.org)
- 2. [Immunize.org](https://www.immunize.org)
- 3. [CDC.gov](https://www.cdc.gov)
- 4. CHOP vaccine education center-
<https://www.chop.edu/centers-programs/vaccine-education-center>
- 5. Vaccine Guidance from Mayo Clinic-
<https://www.mayoclinic.org/diseases-conditions/infectious-diseases/in-depth/vaccine-guidance/art-20536857>
- Other resources were also used but not as frequently.



Wins for Palmetto Peds

- Combined weekend Flu/Covid vaccine clinics with Sandhills Pediatrics.
- HPV vaccinations for the 9- and 10-year-olds is going great
- The COVID bivalent vaccine for the 5 – 14-year-olds has gone “gangbusters”



Coastal Pediatric Associates

See Practice Presentation this afternoon: The CPA Way:
QTIP & DHEC Immunization QI Overview



CPM

GISSELLE CASTELLANOS MD FAAP

CPM Practices

Increase 20%
COMBO 9+
HPV

Increase 10%
COVID vaccine

Key drivers

Secondary drivers

Change ideas

COMBO 9

HPV

COVID

Increasing
Vaccine only
visits

Address Vaccine
hesitancy

Staff education

Improving WCC
rates

Utilized EMR for no UTD on Immunization
and not UTD WCC

Incorporate AAP and CDC resources on
education about immunizations for
parents

Educated residents/nursing/providers
about every visit is a vaccine visit

Train and implement motivational
interviewing

Add Z code for underimmunized
patients

Staff education.

- Faculty education (10/17/2022).
 - Presentation of the QI project to the faculty and share information about free motivational interviewing course.
 - <https://psychwire.com/motivational-interviewing/addressing-vaccine-hesitancy>
 - Faculty in charge of reinforcing vaccine education during clinic hours with residents.
- Nursing education (11/2022).
 - Presentation of our QI project and refresh about immunizations schedule.
- Reminders about the project in every monthly staff meeting x2.

Incorporate AAP and CDC resources on education about immunizations for parents

■ Vaccine refusal education.

.CPMVACCINEREFUSALEDUENGLISH

.CPMVACCINEREFUSALEDUSPANISH

■ AAP refusal form for all vaccines.

If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

Information for parents

Revised March 2012

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child's life, or the life of someone else.

Any time that your child is ill and you:

- call 911;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child's doctor or any clinic

you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling health care professionals your child's vaccination status is essential for two reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:

- Talk to your child's doctor or nurse to be sure your child's medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child's school, childcare facility, and other caregivers about your child's vaccination status.
- Be aware that your child can catch diseases from people who don't have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can't tell who is contagious.



When there is vaccine-preventable disease in your community:

- It may not be too late to get protection by getting vaccinated. Ask your child's doctor.
- If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).
- Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.
- Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room.
- Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child's doctor or the health department to get their guidelines for determining when your child is no longer at risk of coming down with the disease.

Be aware.

- Any vaccine-preventable disease can strike at any time in the U.S. because all of these diseases still circulate either in the U.S. or elsewhere in the world.
- Sometimes vaccine-preventable diseases cause outbreaks, that is, clusters of cases in a given area.
- Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, chickenpox, Hib (a cause of meningitis), and influenza. These diseases, as well as the other vaccine-preventable diseases, can range from mild to serious and life-threatening. In most cases, there is no way to know beforehand if a child will get a mild or serious case.
- For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune.

If you know your child is exposed to a vaccine-preventable disease for which he or she has not been vaccinated:

- Learn the early signs and symptoms of the disease.
- Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease.
 - **IMPORTANT:** Notify the doctor's office, urgent care facility, ambulance personnel, or emergency room staff that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.
- Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems. Most vaccine-preventable diseases can be very dangerous to infants who are too young to be fully vaccinated, or children who are not vaccinated due to certain medical conditions.
- Be aware that for some vaccine-preventable diseases, there are medicines to treat infected people and medicines to keep people they come in contact with from getting the disease.
- Ask your health care professional about other ways to protect your family members and anyone else who may come into contact with your child.
- Your family may be contacted by the state or local health department who track infectious disease outbreaks in the community.

If you travel with your child:

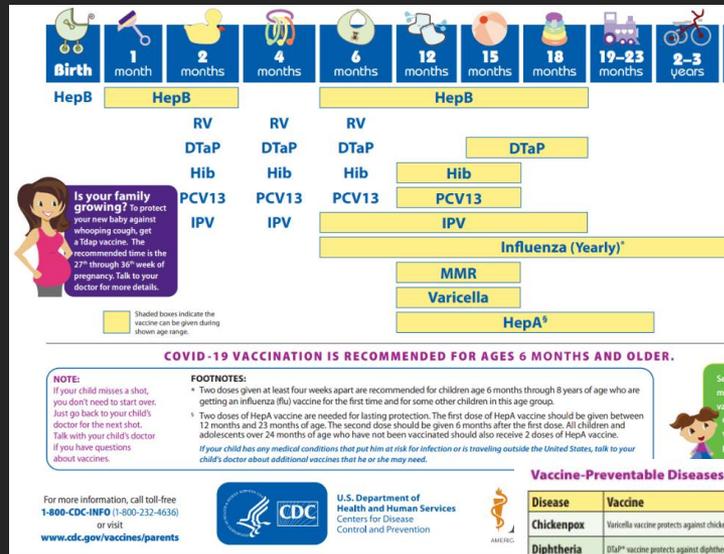
- Review the CDC traveler's information website (<http://www.cdc.gov/travel>) before traveling to learn about possible disease risks and vaccines that will protect your family. Diseases that vaccine prevent remain common throughout the world, including Europe.
- Don't spread disease to others. If an unimmunized person develops a vaccine-preventable disease while traveling, to prevent transmission to others, he or she should not travel by a plane, train, or bus until a doctor determines the person is no longer contagious.

For more information on vaccines, ask your child's health care professional, visit www.cdc.gov/vaccines or call 800-CDC-INFO (800-232-4636)



Vaccine schedules

CPMVACCSCHED1ENG
 CPMVACCSCHED2ENG
 CPMVACCSCHED1SPAN
 CPMVACCSCHED2SPAN



Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Diphtheria	DTaP ¹ vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR ² vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR ² vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	DTaP ¹ vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococci.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Rubella	MMR ² vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP ¹ vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

EMR

ICD 10 for the immunization status.



Z28.82 Immunization not carried out due to care giver refusal.



- Z 28.39 Underimmunized (only for patient that refused mandatory vaccines(school and daycare required vaccines)).

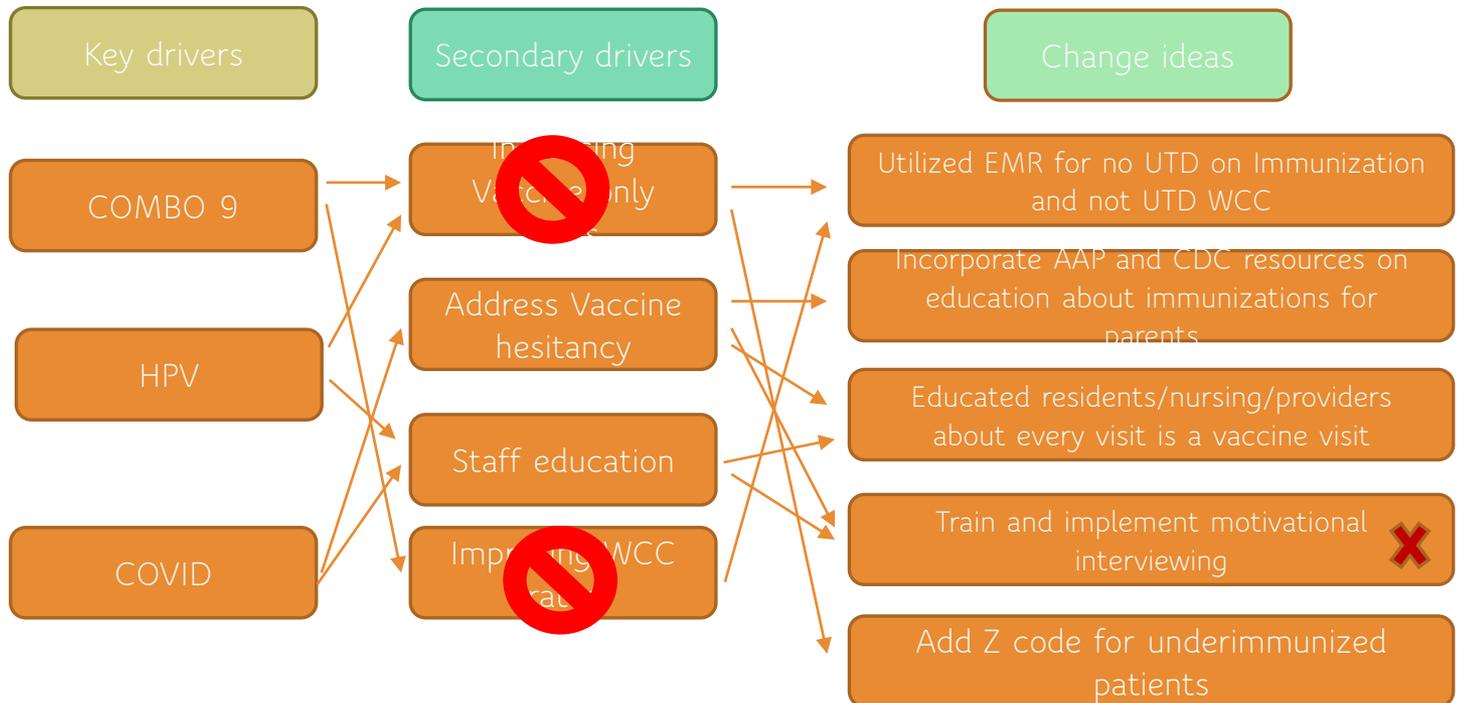
Other interventions.

- Increasing vaccine only visits for 2nd doses of HPV in 6 months or 2 months and 6months if more than >15y/o.
- COVID/influenza clinics on Saturdays and night clinic (Limited due to short staffing).
- Recall patients due for WCC in general. (Not done due to COVID/Influenza Surge).

CPM Practices

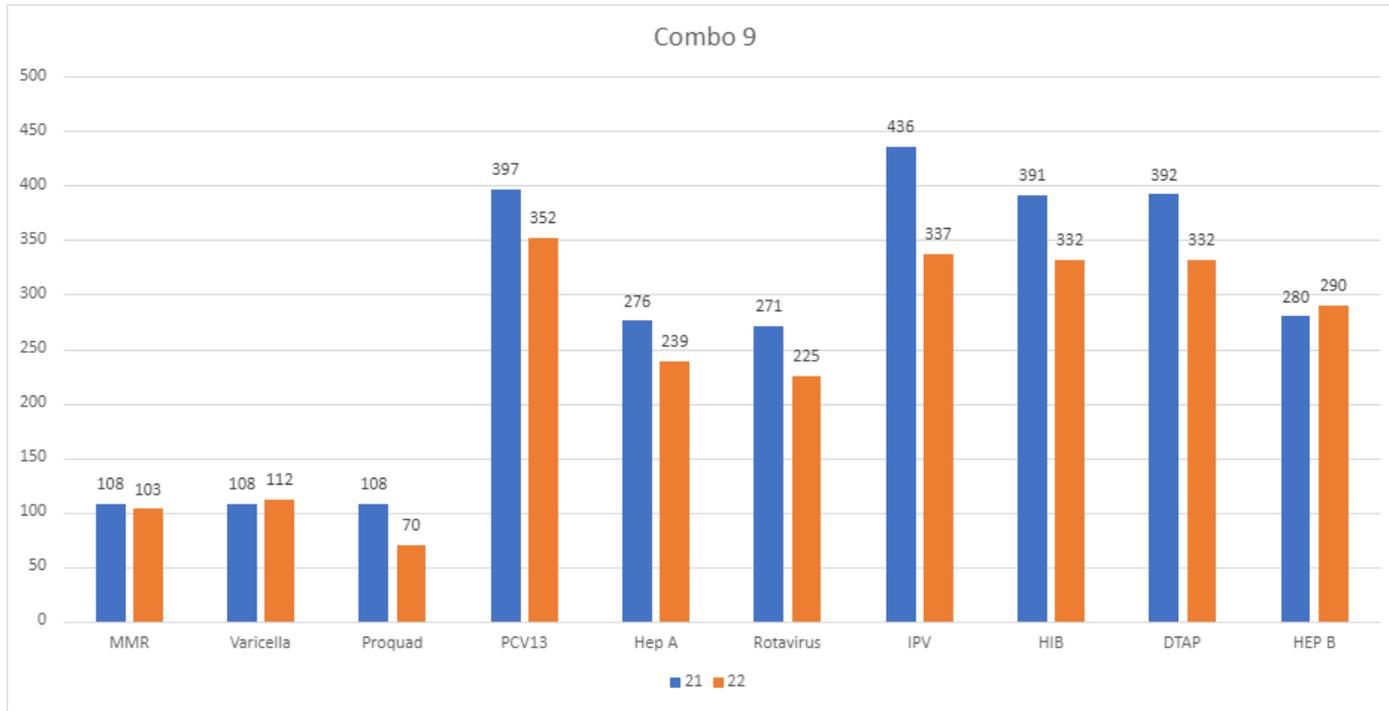
Increase 20%
COMBO 9+
HPV

Increase 10%
COVID vaccine



HPV vaccine

Year	Total seen	Completed	Eligible >9y/o	Given
NOV2021	1208	619	589 48%	137 23%
NOV2022	962	487	475 49%	96 20%

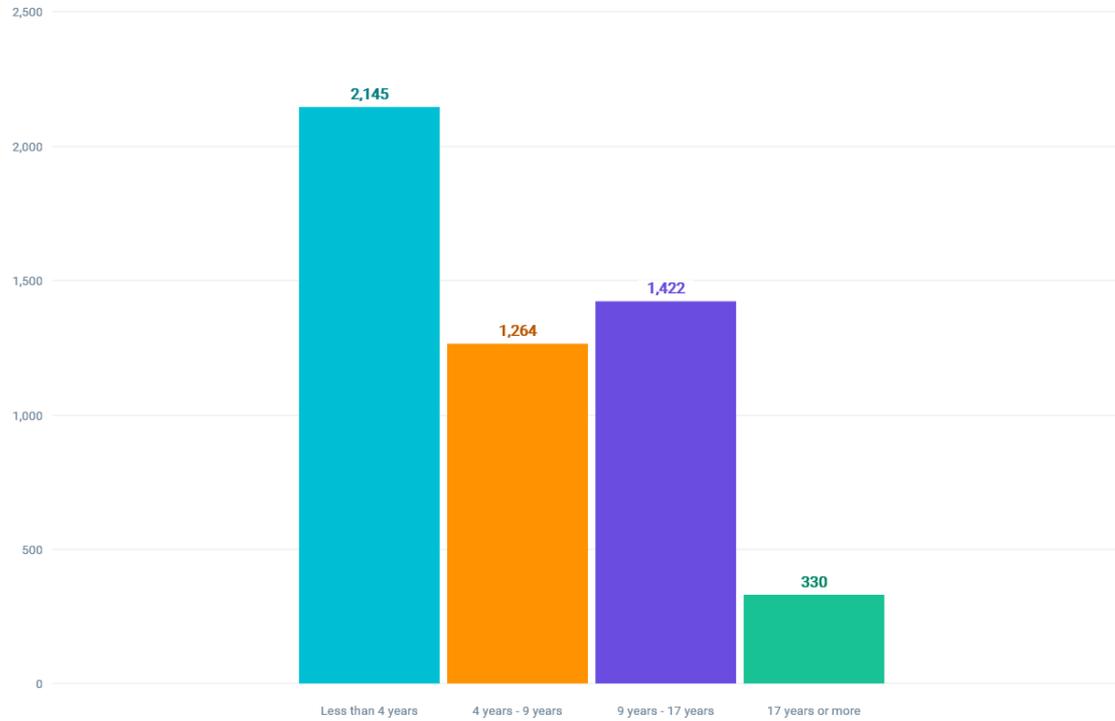


COMBO 9

In Nov 2022 due to the surge of COVID/INFLU/RSV we saw 5% percent less of eligible patients for vaccination.

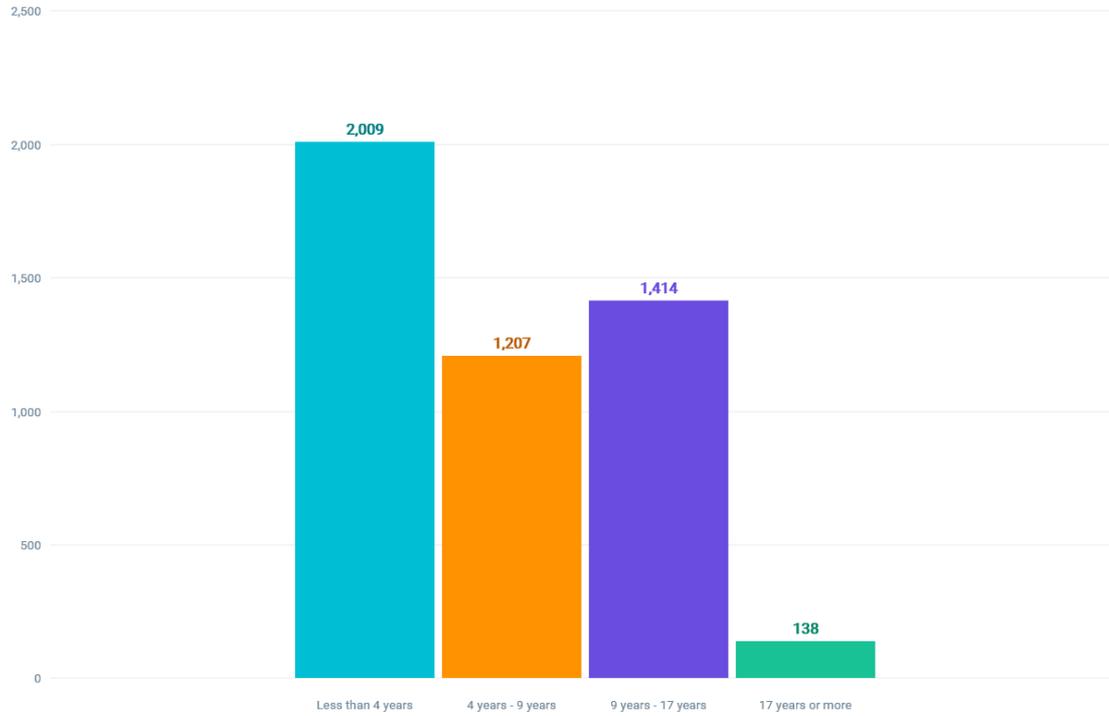
Number of Visits by Age (At Visit) Range

Between 11/1/2021 and 11/30/2021

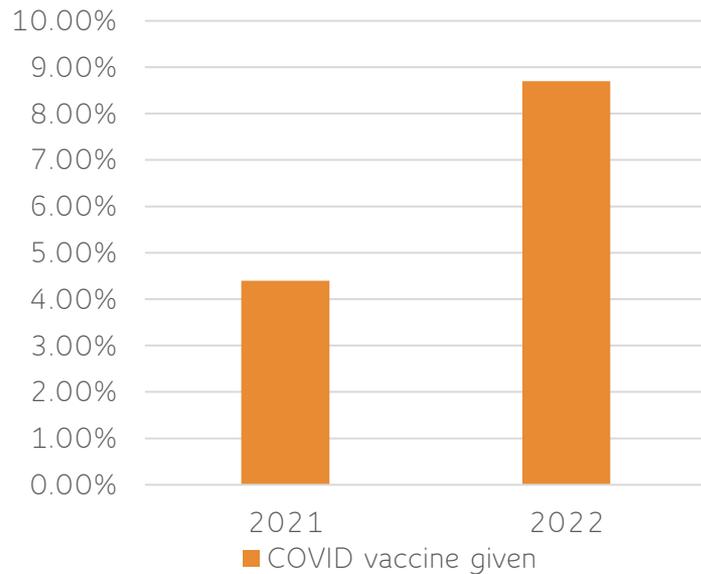


Number of Visits by Age (At Visit) Range

Between 11/1/2022 and 11/30/2022



COVID Vaccine given



Nov 2021

2738 patients were eligible for receiving the vaccine on the day of the visit and only a 4.4% of this patients received a COVID Vaccine.

Nov 2022

1977 patients were eligible and 8.7% received the vaccine.

We gave 52 vaccines+ in 2022 for an increase in of 30% in the number of vaccines given compared to 2021.

Challenges/Barriers

We loss our project management

Short staff
(nursing and providers).

Influenza
and COVID
surge with
the time of
the study.

Gathering
correct Data
is still
challenging.

Time to seen
changes was
not enough.

Future

We are going to continue the QI in 2023.

Monthly reports of adherence of the staff to changes.

Chart review for completion of refusal forms/ICD 10/ Education.

Vaccine clinics (COVID/INFLU/HPV) on Saturdays and night clinic.

Increase the vaccine only visits.

Recall patients due for WCC.

Summer vaccination campaign before school (Pending)

Prisma Health
Pediatrics
Pleasantburg

PRISMA
HEALTH SM

**IMMUNIZATION
WORKSHOP**

WAYS WE PROMOTED
THE FLU VACCINE

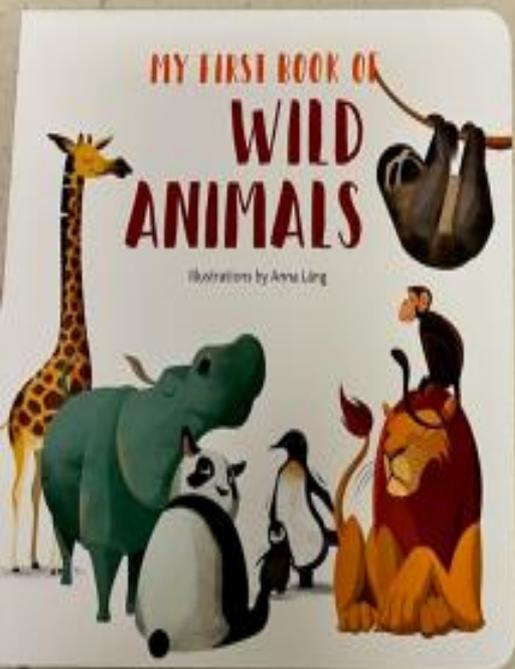
MYCHART REMINDER MESSAGES

SOCIAL MEDIA

SIGNAGE AND BULLETIN BOARD

FLU CLINICS MORE ACCESSIBLE

**PROMOTING THE VACCINE
WITH BOOKMARK**



PARENTS

The flu can make your children sick enough to miss school, activities, or even be hospitalized.

Rarely, even healthy children can die from flu complications.

Getting the flu shot protects yourself and your family.

protect yourself.
protect your family.
prevent the flu.

www.scdhec.gov/flu
1-800-27-5HOTS



FIRST BOOK OF WILD ANIMALS

Illustrations by Anna Lang



The Flu Can Make You Sick.

Fight the flu with these
steps every day.

Cover coughs
and sneezes
with a tissue.
Throw the
tissue in the
trash after
you use it.



Wash hands
often with
soap and
water.

Stay away
from
people
who are
sick.



Don't touch your
eyes, nose,
and mouth.
Germs can
spread this way.



Let's fight the flu
TODAY!

Healthy

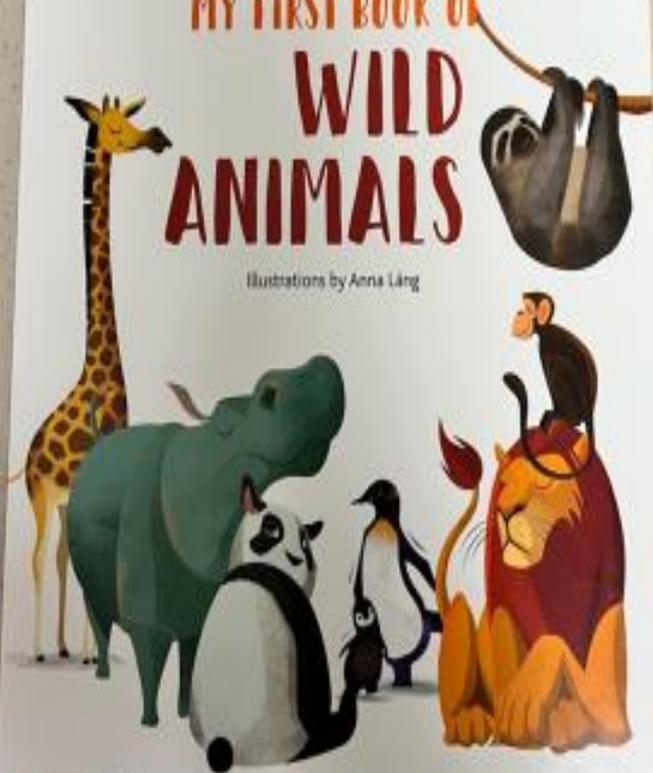


PARENTS

The flu can make
your children
sick enough to

MY FIRST BOOK OF
**WILD
ANIMALS**

Illustrations by Anna Lang

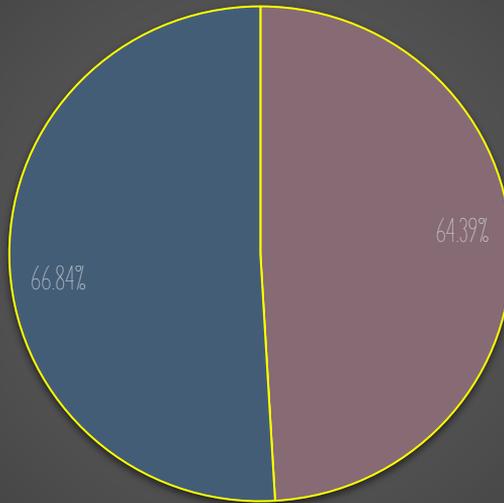


The Carolina Center
for Medical Excellence
Promoting health and quality since 1988



FLU DATA

FLU VACCINES GIVEN



1 2

PROMOTING HPV

SOCIAL MEDIA

VACCINE INFORMATION IN WAITING
AREA/EXAM ROOMS

RE-EDUCATING STAFF AND PROVIDERS
WITH VACCINE REPRESENTATIVE MEETING

HPV INFORMATION WALL IN A HIGH
TRAFFIC AREA



START AT AGE 9
HPV VACCINATION CAN HELP
PROTECT YOUR CHILD AGAINST
CERTAIN HPV-RELATED CANCERS
LATER IN LIFE.

IMPORTANT SAFETY INFORMATION

GARDASIL 9
Human Papillomavirus
Vaccine (9-valent)

MSD



HPV, IT'S ABOUT CANCER PREVENTION!

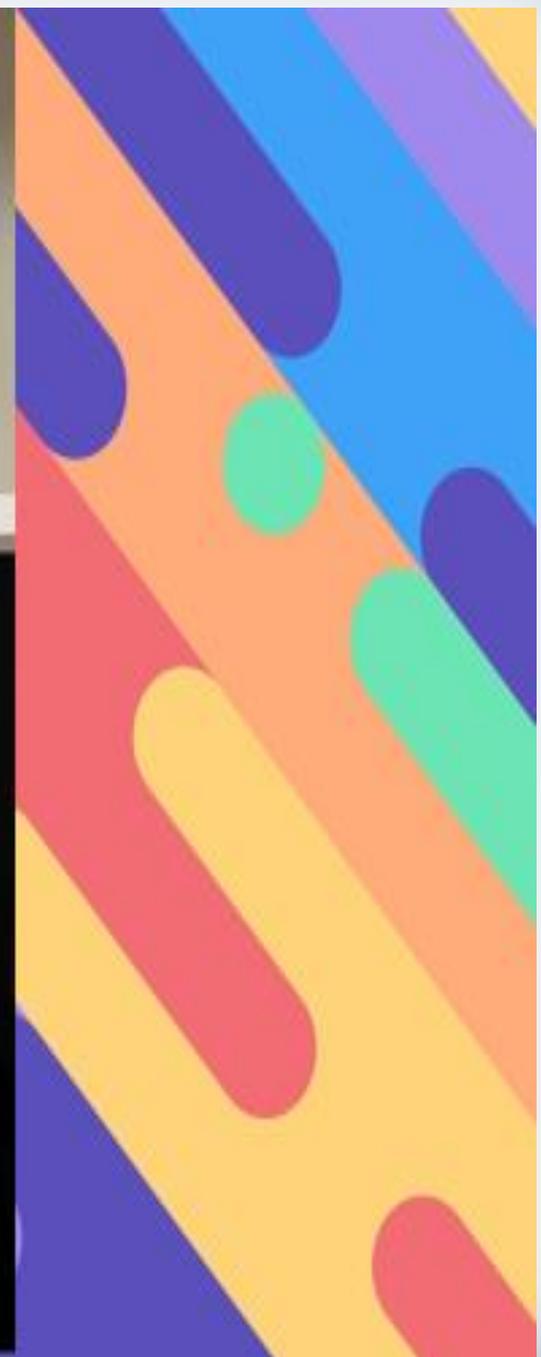
Four identical white informational brochures titled "HPV VACCINATION" are displayed in a horizontal row. Each brochure contains text and a small graphic.

A vertical purple and white poster titled "HELP PROTECT YOUR FUTURE" with a sub-heading "HPV VACCINATION". It features a list of bullet points and a photograph of a young man.

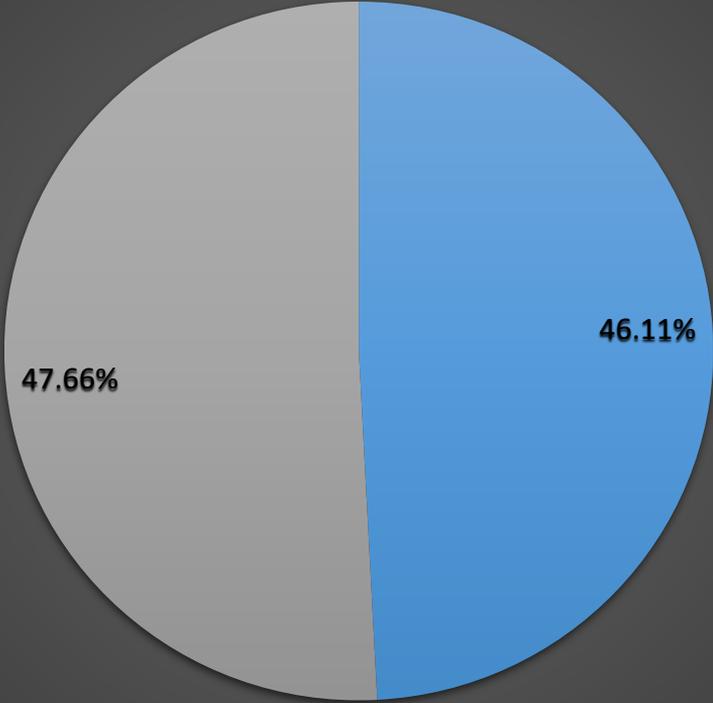
Two smaller white informational brochures are placed below the row of four. The left one has a red header and the right one has a white header.

A vertical black and yellow poster titled "WHY IT'S ABOUT CANCER" featuring a photograph of a group of people.

A small vertical poster titled "CANCER PREVENTION" with a blue background and a globe graphic.



HPV VACCINES GIVEN



■ 1 ■ 2



Tidelands Health Pediatrics

QTIP Team: Jill Aiken, MD, Courtney Adkins, PA, Andrew Gasperson, MA Francine Jackson, MA, Valencia Kennedy, MA

Fall Immunization Workshop 2022

Riding the PDSA Wave

PDSA - PLAN

- Problem: Low Influenza Immunization Rates
- SMART goal: Improve Influenza Immunization rate in children 6 months to 2 years by 25 % by April 2023.
- Collect Baseline data: Audit 30 charts from April 2021
- Team brainstormed to improve rates, found that we would forget to offer at sick visits, so posters and badges produced for reminders.
- Discussed in huddles ways to encourage flu vaccine- “We’re seeing record numbers of flu this year!”

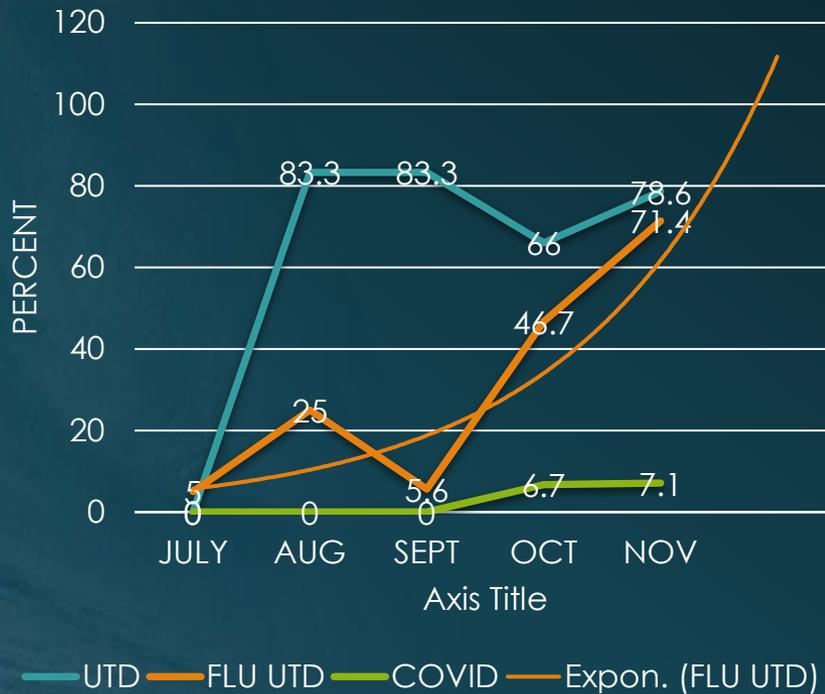
PDSA- DO

- Implemented Posters and Badges
- Made every visit a vaccine visit, unless sick
- Implemented refusal codes, documented in chart
- Created New Templates, merged them prior to visit
- Incentivized staff



PDSA- STUDY

VACCINATIONS





PDSA- Act

- How can we hold our gains?
- What interventions made the most impact for the least effort and are worth continuing?
- How can we translate this success into other immunization campaigns?

HOLDING GAINS, ADDRESSING HESITANCY

- Continue to wear badges
- Continue Huddles
- Addressed reasons for vaccine refusal: that vaccine was not needed by explaining if you go anywhere, plan to go anywhere, or work- you will be exposed this year
- By giving more vaccines, you increase immune response, and will be more likely to be protected
- If fever < 100.4, he or she can have it

TOO
MANY
VAX

DOESN'T
NEED-
NOT IN
DAYCARE

SICK

NEXT STEPS

- COVID VACCINE
- IMPROVE VACCINE RATES FOR OLDER CHILDREN
- WORK ON VACCINE HESITANCY



EVERY VISIT IS A VACCINE VISIT

PRISMA HEALTH CHILDREN'S HOSPITAL
OUTPATIENT CENTER

SARA STERNE, KAREN BLACKWELL, ASHLEY
SUBIA, TYCHENYA HARVEY, JULIA
BALANCE, MD





This Photo by Unknown Author is licensed under CC BY-ND

GOAL: TO IMPROVE OUR RATES OF
CHILDREN WHO ARE UP-TO-DATE WITH
VACCINATIONS.

METHOD: IDENTIFYING PATIENTS IN NON
WELL VISIT.



REVIEW CHARTS
APPROXIMATELY
612

DETERMINE WHO IS
DUE / PAST DUE FOR
SHOTS

DETERMINE WHO IS
DUE / PAST DUE
FOR WCC.

INFORM THE
PHYSICIANS

GIVE SHOTS
SCHEDULE APPTS

NURSING DETERMINED 67 CHILDREN NEEDED VACCINES AND 107 NEED WELL CHILD CHECK UPS SCHEDULED

Vaccinations Given: 27 Patients received the needed vaccinations.
(40%)



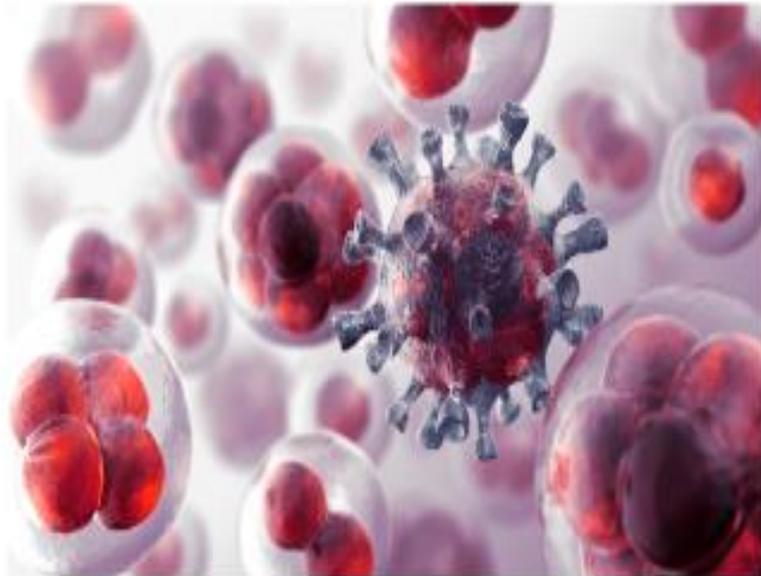
Well child check ups scheduled: 73 (68%)

42 made the appt and 19 pending



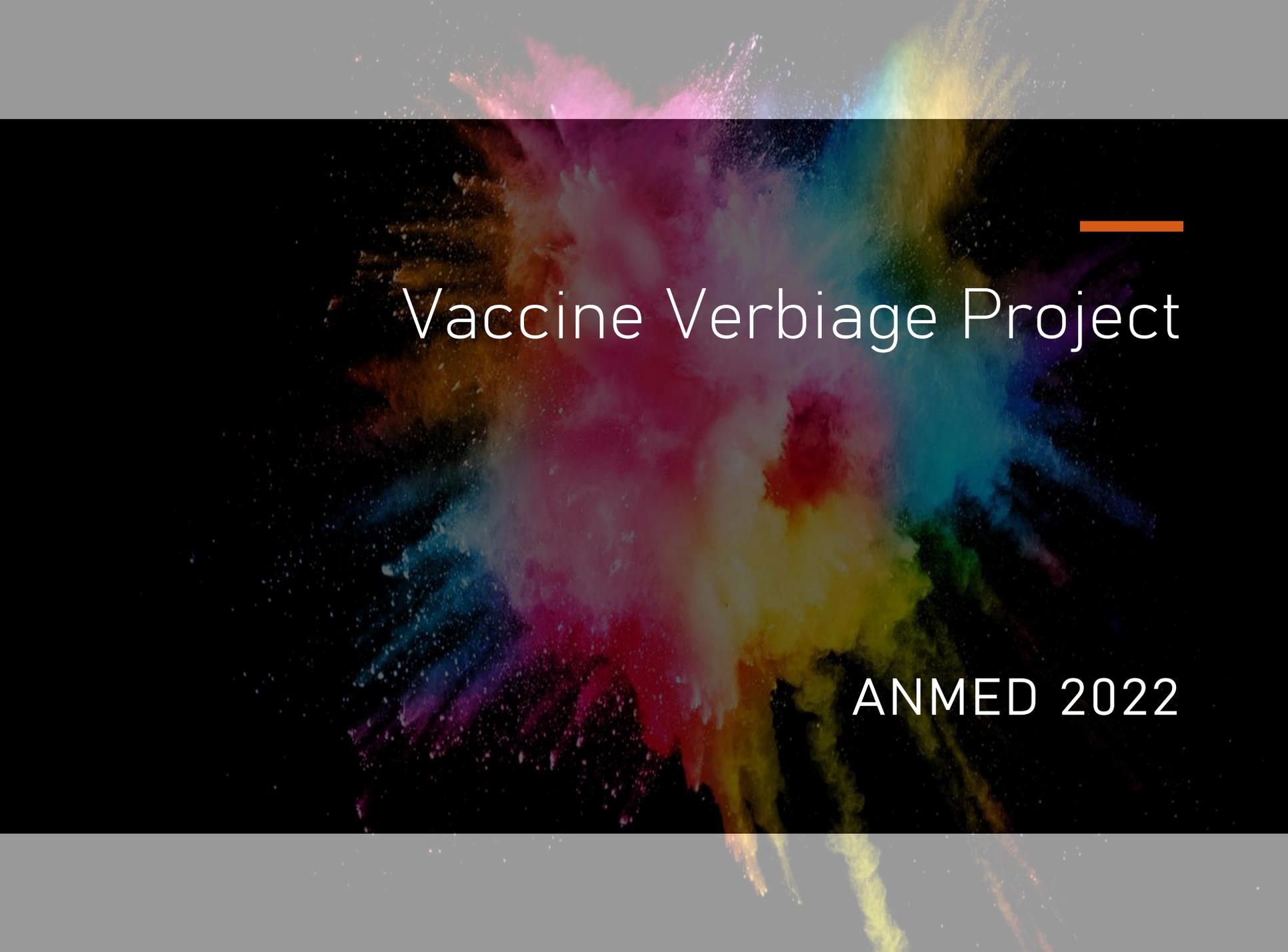
BARRIERS IDENTIFIED

High numbers of Flu and Covid



Going to a paperless system





Vaccine Verbiage Project

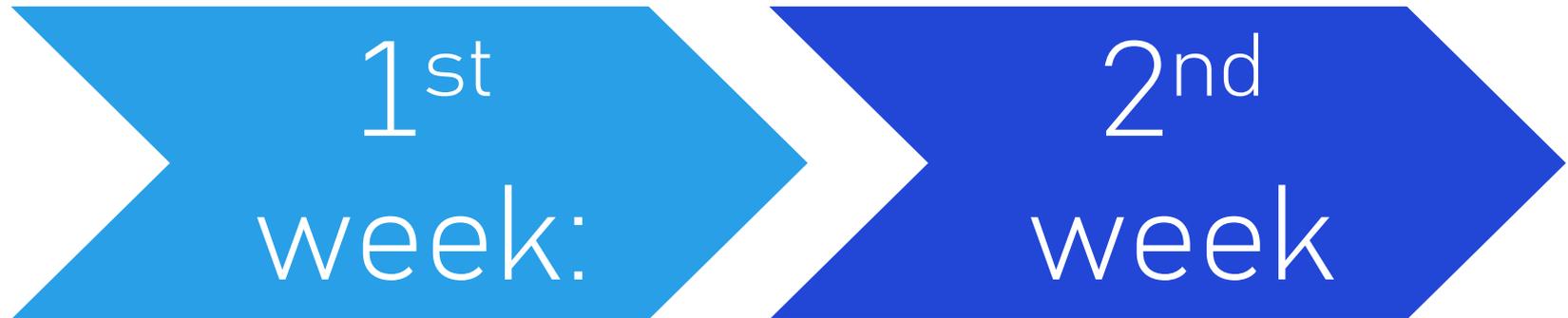
ANMED 2022

Presumptive
vs
Permissive
Language

Overheard nurse using
permissive language with
teen and family around
vaccines

Already do presumptive
language around 0-4 year
vaccines

Data



- 7/8 MD used presumptive language; 1/8 permissive
- 5/8 Nurses used presumptive language; 2/8 permissive language; 1 didn't discuss
- 1 family refused HPV (family heard presumptive language)

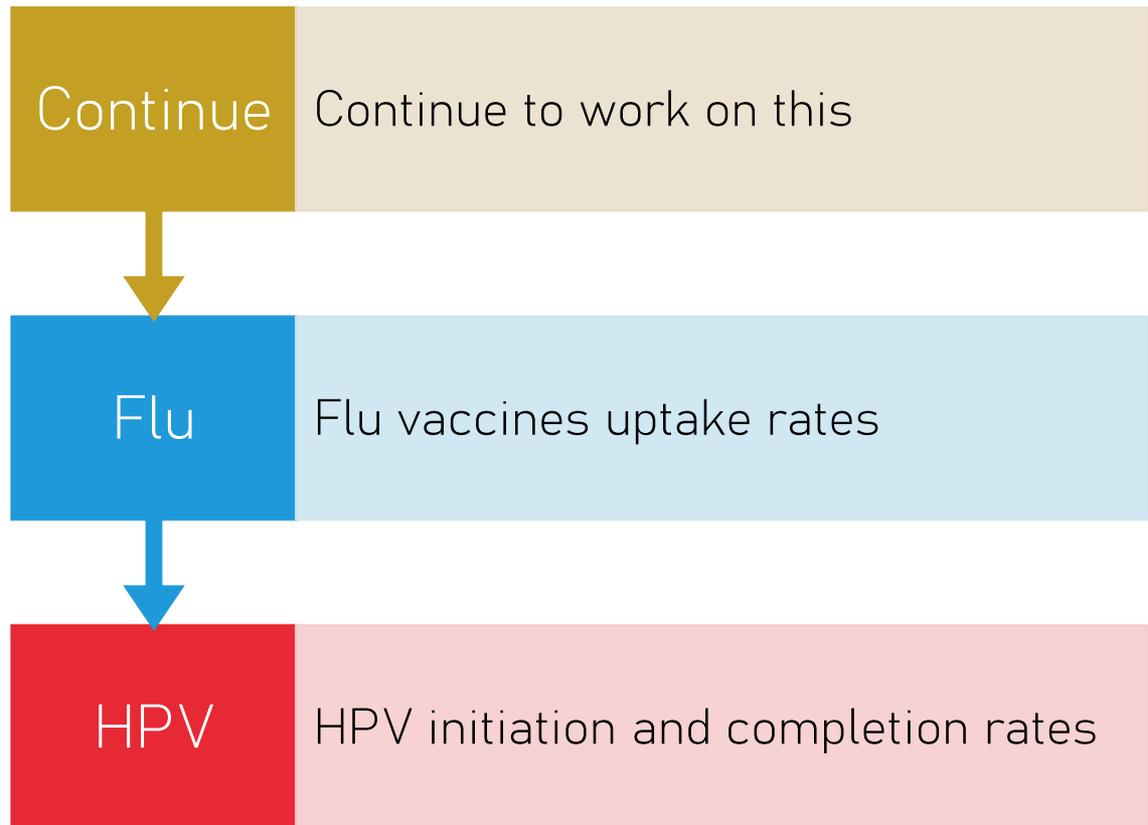
- 5/5 MD used presumptive language
- 5/5 nurses presumptive language
- No refusals

Lessons learned

False starts: Make sure you can trust the person who is assigned to do the implementation

Don't do projects designed around WCCs during the flu season

- KidsCare complained about how many patients they were seeing
- We were told to stop scheduling "non-essential" WCCs



Next steps

Thank You



